

Chapter Seven

Participant and Staff Education

Overview

Introduction

Education is an integral part of the WIC program. This chapter covers participant education and staff training.

In This Chapter

This chapter is divided into eleven (11) sections and seven (7) appendices which detail program education, nutrition education for participants, breastfeeding promotion, education for staff and how to report the cost of nutrition education.

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Participant and Staff Education

Overview (Continued)

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Section A

Program Education for Participants

Certification

At certification appointments, participants will receive or experience the following:

- An explanation of participants eligibility criteria including income, residency, category, and nutritional risk
 - An explanation of WIC rules and regulations, participant rights and responsibilities, WIC foods, and the proper use of food instruments
 - An emphasis on the positive, long-term benefits of nutrition in relation to health. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities.
 - Mandatory referral to services
-

Proxies

When a proxy picks up food instruments for a participant, the proxy will be given an explanation of their responsibilities under WIC rules and how to use the WIC drafts. (see Ch. 2 Sec. P)

Proxies should receive nutrition education for a participant when the proxy is a member of the participant's household or a caretaker of a child or infant participant. (A caretaker could be a regular day care provider, parent, grandparent or other relative).

Note: Friends, neighbors or relatives who do not ordinarily care for a participant or live with them may pick up food instruments for the participant, but will not receive nutrition education. The WIC staff should determine at the time of the appointment whether the proxy should receive nutrition education, depending on their role in caring for the WIC participant. The Authorized Representative will receive nutrition education at their next food instrument pick-up.

Waiting Room

The area where participants wait for their WIC appointments will be a learning environment promoting messages related to nutrition, health, safety and civil rights.

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Section B

Nutrition Education for Participants/ Documentation of Nutrition Education

Policy

All participants will receive two (2) risk specific nutrition education contacts during a six (6) month certification. All caregivers of infants who receive WIC benefits >6 months will receive a nutrition education contact at least quarterly.

Individual Education

- The WIC certifier is responsible for the development and documentation of the Nutrition Education Contact in AIM on the Care Plan Screen
 - Pregnant women will be counseled on the benefits of a healthy diet and habits during pregnancy for a healthy birth outcome, growth, and development as well as the benefits of breastfeeding. If the pregnant woman is on WIC >6 months, she will receive a minimum of one (1) nutrition education contact every three (3) months.
 - The WIC certifier will document nutrition education in the care plan screen by clicking in the Follow-Up/Nutr. Ed button and selecting one or more topics covered, from the "list of values" (lov) button.
 - Nutrition education shall be documented for each individual participant and should not be documented on a family basis
-

Group Education

Participants may attend a group nutrition education session as a second nutrition education contact if determined as appropriate by the WIC certifier. Participants must be present the majority of the class time to be counted as a nutrition education contact.

Basis of Education

Nutrition education will be provided to all WIC participants based on the protocols developed by the Office of Chronic Disease Prevention and Nutrition Services (OCDPNS), Arizona Department of Health Services (ADHS) and other accepted nutrition authorities.

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Participant and Staff Education

Section B

Nutrition Education for Participants (Continued)

Nutrition Education Contact

Verbal communication includes individual or group interaction between WIC staff and participants such as discussions, summaries, and question and answer periods.

Mandatory referrals, participant orientation and program requirements do not count as a nutrition education contact. Examples of mandatory referrals and program explanation requirements are listed below:

- Proxies
- Immunizations
- Lead Screening
- Rules and regulations
- Local resource referrals

Participant Orientation- Program Explanation Requirements

- WIC Rights and Obligations must be both explained to the participant and documented in the Follow-up / Nutrition Education button in the Care Plan screen of the AIM system (see Ch. 2 Sec. K).
- WIC Rules and Regulations must be both explained to the participant and documented in the Follow-up / Nutrition Education button in the Care Plan screen of the AIM system (see Ch. 2 Sec. L).
- How to use food instruments and overview of WIC foods will be reviewed.
- Local resources for substance abuse treatment and counseling will be provided.

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Section B

Nutrition Education for Participants (Continued)

Monitoring of Nutrition Education

During Management Evaluations (M.E.) or other site visits, the State Agency staff will monitor nutrition education to determine if:

- Information provided is accurate and up-to-date
 - Information is individualized to meet participant's needs and considers the educational level, lifestyle and cultural beliefs of each participant
 - Participant receives positive feedback to reinforce good nutrition habits
 - A nutrition goal is set (or tailored in AIM) for the participant
 - Participant/caregiver is involved in setting the goals
 - Appropriate, state approved, materials are used for education and provided to the participant
-

Nutrition Education Materials

Nutrition education may be conducted through individual or group sessions. The materials provided are designed as informative tools to improve health status and achieve positive dietary and physical activity habits. These materials shall contain accurate and appropriate information based on scientific evidence. Local Agency developed nutrition education materials shall be submitted to the State for approval. Local Agency developed materials shall contain:

- Accurate and relevant content
 - Be based on current scientific evidence
 - Contain cultural considerations
 - Be available in alternate languages as appropriate
 - Be at no higher than 6th grade reading level
 - Current Civil Rights Statement (see Ch.9 appendix B)
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Section B

Nutrition Education for Participants (Continued)

Local Agency Responsibilities

Local Agencies shall perform the following activities in carrying out their nutrition education responsibilities:

- Make nutrition education available or enter into an agreement with another agency to make nutrition education available to all participants and caretakers
 - Provide nutrition education through individual or group sessions
 - Design and provide educational materials to educate pregnant, postpartum, and breastfeeding women and parents or caretakers of infants and children participating in Local Agency services other than the WIC program of program benefits and services
-

Documentation of Education

Local Agency staff will document education in the Follow-up/ Nutrition Education button in the Care Plan screen of the AIM system. If problems in scheduling prevent a participant from attending group classes, individual education will be provided.

Diet Assessment

A diet assessment provides WIC staff with useful information to assess the participant's dietary intake, to identify nutritional risks and to provide counseling based on the assessment.

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Section C

Nutrition Education Care Plan

Policy

Each Local Agency will develop a Nutrition Education Care Plan consistent with the State's nutrition education component of program operations and in accordance with FNS guidelines. Local agencies may use a nutrition education care plan developed by the state if desired. (See appendix G)

Goals and Objectives

The Nutrition Education Care Plan will include goals and objectives for each target group (pregnant, postpartum and breastfeeding women, infants, and children), taking into account individual nutrition risks.

The Nutrition Education Care Plan will include methods and materials used to meet objectives for each contact and an evaluation component.

Population Needs

Nutrition Education Care Plans will be designed to meet the cultural, ethnic, language, and educational needs of the Local Agency's participant population.

Each Local Agency will specify in the plan how the special needs of the participant families will be met.

Breastfeeding Promotion

The Nutrition Education Care Plan will include the methods that will be used to promote breastfeeding to all pregnant, postpartum, and breastfeeding women.

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Section D

High Risk Nutritional Consults

Purpose

Certain participants are identified as high-risk and have counseling needs beyond the scope of the CNW. These participants benefit from more in-depth counseling provided by a Registered Dietitian/ nutritionist or a International Board Certified Lactation Consultant for Risk 602/603, Breastfeeding Complications.

Policy

The Registered Dietitian / nutritionist will see all participants meeting one of the high-risk criteria outlined below or during their current certification period. An International Board Certified Lactation Consultant (IBCLC) may counsel participants with risk codes 602 / 603 in lieu of a Registered Dietitian / nutritionist.

The participant ~~shall~~ receive monthly issuance of food instruments only, until they meet with the Registered Dietitian / nutritionist or IBCLC.

Deleted: may

The following high risks must be seen, although it is at the local agency discretion to include additional high risks as deemed necessary:

High Risk Criteria

- 101: Pre-pregnancy underweight (pregnant women)
 - 103: Underweight (infants and children)
 - 131: Low maternal weight gain (pregnant women)
 - 132: Maternal weight loss (pregnant women)
-

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Participant and Staff Education

Section D

High Risk Nutritional Consults (Continued)

Policy (Continued)

- 134: Failure to thrive (infants and children)
- 141: Low birth weight infants and children up to 24 months of age (infants and children)
- 142: Premature Infants and children up to 24 months of age (infants and children)
 - See Ch. 4, Sec. F, Formula for the Preterm Infant
- 201: Anemia-*Nutritionist's range only* (all categories)
 - See Appendix F for cutoff values for Hemoglobin levels
- 302: Gestational Diabetes (pregnant women)
- 341: Nutrient Deficiency Disease (all categories)
- 602/603: BF complications (BF women, infants)

High Risk Criteria

High-Risk Referrals

Local Agencies will develop written procedures for CNWs to refer high-risk participants to a nutritionist.

The Local Agency will monitor and evaluate the procedures at least two times per year to ensure that it is effective.

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Section D

High Risk Nutritional Consults (Continued)

Qualified Staff

Each Local Agency shall provide a Registered Dietitian as a WIC Nutritionist, to perform high-risk counseling, formula authorization, and, as necessary, certification of clients. The Local Agency will provide the services of WIC Nutritionists in the number proportional to the agency's needs/caseload.

When circumstances preclude the hiring of a Registered Dietitian, such as a small agency located in a rural area, the local agency must obtain prior approval from the State before designating a WIC Nutritionist to perform high-risk counseling. The designated WIC Nutritionist will have a minimum of an undergraduate degree, from an accredited institution, in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition or nutrition science) or a related field with an emphasis in nutritional science.

Local Agencies are encouraged to have at least one International Board Certified Lactation Consultant to manage the Breastfeeding Component of their program, provide breastfeeding education, be available to see clients with breastfeeding problems or concerns, and establish and/or manage peer counseling programs.

Note: Previous WIC and/or community health experience, and/or a Master's degree in a related subject are desirable.

Nutritionist Referral

When the participant no longer requires in-depth nutrition counseling provided by the Registered Dietitian/nutritionist/International Board Certified Lactation Consultant the Registered Dietitian/nutritionist/International Board Certified Lactation Consultant will review the participant's chart and provide a nutrition care plan for the CNW to follow with specific criteria for referral back to the nutritionist, if needed.

- Participants shall receive assessment and education by a nutritionist for each certification period that a high risk is identified
- If the same high risk is identified as the previous certification period the participant still requires evaluation by the nutritionist

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Participant and Staff Education

Section D

High Risk Nutritional Consults (Continued)

Documentation of Education

The Registered Dietitian/nutritionist/International Board Certified Breastfeeding Consultant will document the counseling session in the AIM system in the Care Plan Notes button, using SOAP, PIE, or other equivalent format, including at a minimum assessment and plan:

- S: Subjective Information
 - ✓ Information the participant gives
 - O: Objective Information
 - ✓ Measurable information
 - ✓ Lab results, height, weight, Hgb, blood glucose, etc.
 - A: Assessment
 - ✓ Nutritional assessment of participant
 - ✓ Interpretation of subjective and objective information as it relates to the participant's nutritional status
 - P: Plan
 - ✓ Outline the plan to correct the problems indicated in the assessment portion
 - ✓ Follow-up information
-

High Risk No-Shows

High risk participants may receive monthly issuance of food instruments only, until they meet with the nutritionist.

Follow-up

The Registered Dietitian/ nutritionist/International Board Certified Lactation Consultant's discretion shall be used to determine whether to continue to see the participant or to refer the participant back to the CNW. The nutritionist will document this in the Notes Section of AIM.

The Local Agency will develop written procedures providing the CNW with guidance for referral back to the nutritionist, as needed.

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Section E

Breastfeeding Promotion – State Agency Responsibilities

Employ Staff

To ensure that all pregnant, postpartum, and breastfeeding participants are encouraged to breastfeed unless it is contraindicated for health reasons, the State Agency will:

- Employ a designated Breastfeeding Promotion Coordinator
 - Ensure that sufficient staff is available to administer an efficient and effective breastfeeding promotion program
-

Funding

The federal regulations require that agencies spend \$23 per pregnant and breastfeeding woman (average monthly number). Of that, the Local Agencies will target spending \$17 multiplied by the average number of pregnant and breastfeeding women. The State Agency will spend the other one-fourth for breastfeeding promotion.

The State will monitor the targeted budget through the annual time study.

Training

The State Agency will disseminate information on training opportunities available on breastfeeding.

Resources

Identify and/or develop resources and educational materials for use in the Local Agencies.

Statewide Activities

The Breastfeeding Promotion Coordinators will work with Local Agency Coordinators in developing a strategic plan to increase breastfeeding initiation rates and lengthen breastfeeding duration. Activities may include incentives for breastfeeding promotion, social marketing media messages, World Breastfeeding Week activities, Peer Counselor Programs, Hospital Certifications, and bulletins.

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Participant and Staff Education

Section F

Breastfeeding Promotion – Local Agency Responsibilities

Employ Staff

To ensure that all pregnant, postpartum, and breastfeeding participants are encouraged to breastfeed unless it is contraindicated for health reasons, the Local Agency will:

- Employ a designated Breastfeeding Promotion Coordinator
- Ensure that sufficient staff is available to administer an efficient and effective breastfeeding promotion program

Note: Local Agencies are encouraged to have at least one International Board Certified Lactation Consultant to manage the Breastfeeding Component of their program, provide breastfeeding education, be available to see clients with breastfeeding problems or concerns, and establish and/or manage peer counseling programs.

Document Education

Document the breastfeeding education provided on the Follow-up/Nutrition Education button in AIM Care Plan screen of the AIM system for every pregnant or breastfeeding participant and their breastfed infant(s).

Provide Education

- Provide education, materials, classes, and displays, which include positive and accurate breastfeeding messages and is consistent with “The Breastfeeding Answer Book” by the La Leche League
- Provide breastfeeding promotion education for all new staff orientations. A 40-hour basic course such as the Certified Breastfeeding Counselor Course or similar is ideal for all WIC staff
- Offer periodic breastfeeding in-services to WIC staff to keep up with current knowledge

Breastfeeding Support

Develop or refer pregnant and breastfeeding participants to appropriate breastfeeding support services. La Leche League, Peer Counselors, or Lactation consultants are recommended.

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Section F

Breastfeeding Promotion – Local Agency Responsibilities

Continued

Clinic Environment

Develop a clinic environment, which endorses breastfeeding as the preferred method of infant feeding, e.g., display breastfeeding posters, do not display formula or formula messages, and provide an area for mothers to breastfeed.

Promote Breastfeeding

Develop incentives to increase breastfeeding rates and lengthen breastfeeding duration. Incentive items may include shawls, breast pads, and other incentives as allowed through WIC breastfeeding incentive policy. Activities may include Peer Counselor programs, “baby showers,” hospital visits, crib cards, World Breastfeeding Week (Aug. 1-7) activities and media announcements.

Promote breastfeeding among employees through contests, awards and employee breastfeeding policies.

Evaluate Activities

Perform and document annual evaluations of breastfeeding education, promotion, and support activities.

Tailor Food Packages

A breastfeeding woman is encouraged to breastfeed exclusively for at least the first 6 months of her infant's life according to the American Academy of Pediatrics. The enhanced breastfeeding package, other incentives, not giving formula, and providing anticipatory guidance and support have each been proven helpful for successful breastfeeding.

An infant who is receiving both breast milk and infant formula is considered a breastfed infant by national WIC definition. However, knowing that formula decreases milk supply, WIC Certifiers will take care to tailor the formula food package to supply only the amount which the mother reports giving the infant. For example, an infant who is being supplemented with 2 ounces of formula a day should only be issued one can of powdered formula per month. As needs change, the food package for the infant should be changed to accommodate the mother's wishes, unless the change occurs in a month when the mother was issued an enhanced breastfeeding package for herself. Extra support or referral to a breastfeeding educator will be offered to any breastfeeding mother who requests formula.

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Section G

Breast Pump Loan/Distribution – State Agency Responsibilities

To ensure breastfeeding participants are encouraged to breastfeed through times of separation from their infants, the State Agency will:

Supply Pumps

Supply Local Agencies with electric breast pumps as funding permits.

Note: Manual Pumps will no longer be provided by the State Agency. Local agencies may choose to purchase manual pumps with their breastfeeding funds.

Solicit RFPs

Solicit Request(s) for Proposals (RFP's) for bid on electric breast pumps and pump attachment kits.

Provide Education

Provide education for Local Agency staff on electric breast pump assembly, use, sanitation and collection, storage and transport of human milk.

Identify Resources

Identify and/or develop resources and educational materials for use in Local Agencies.

Evaluate

Evaluate local breast pump loan procedures.

Referral

Refer local WIC staff to manufacturer for maintenance of electric breast pumps.

- Medela: 1-800-TELL-YOU
 - Ameda-Egnell (Hollister): 1-800-323-8750
 - Call the state Breastfeeding Promotion Consultant for the number of other manufacturers
-

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Participant and Staff Education

Section H

Breast Pump Loan/Distribution – Local Agency Responsibilities

Policy

Exclusively nursing and partially nursing women who participate in the WIC Program are eligible to receive a hospital-grade electric breast pump or a single-user electric breast pump in order to help maintain their milk supply due to medical issues or separation.

Local Agency Policy

Local agencies must develop a Breast Pump Loan Policy for their agency.

- Each policy must include:
 - Breast pumps may only be issued to WIC participants
 - Screening and evaluation for Breast Pump Loans will be conducted by trained staff
 - A criteria of issuance including waiting list procedures
-

Breast Pump Recommendation

Participants may choose which of the breast pumps better fits their lifestyle. It is strongly recommended that mothers of infants in the NICU receive the hospital-grade breast pump but not be required.

Breast Pump Distribution

WIC staff shall not issue a single-user electric breast pump and hospital-grade electric breast pump to a participant at the same time. The hospital-grade electric breast pump must be returned to the clinic before a single-user electric breast pump may be issued. A hospital-grade electric breast pump may be issued to a participant who has previously received a single-user electric breast pump. A single-user electric breast pump may be issued the same day a hospital electric breast pump is returned if it is determined the WIC participant needs it to maintain her milk supply.

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Participant and Staff Education

Section H

Breast Pump Loan/Distribution – Local Agency Responsibilities (Continued)

Documentation	Staff documents distribution on a log of hospital-grade electric breast pumps <u>loaned</u> to participants, single-user electric breast pumps <u>given</u> to participants and the education given on the use, assembly and sanitation of the pump.
Denial	Denial of a breast pump will be documented in the Follow-up/Nutrition Education button in AIM Care Plan screen of the AIM system.
Electric Breast Pump Loan/Release Form	<p>Local Agencies will use a “Breast Pump Loan/Release Form,” for the distribution of electric breast pumps, which includes the following:</p> <ul style="list-style-type: none">• Pump Model Number• Participant information• Reason for loan• Date loaned• Date returned (Hospital-grade only)• Instruction on use of pump, sanitation, storage• Instruction on hand expression <p>Note: See Appendix C for sample form</p>
Waiting List	Local Agencies will have a designated waiting list for electric breast pump loans.

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Participant and Staff Education

Section H

Breast Pump Loan/Distribution – Local Agency Responsibilities (Continued)

**Participant
Instruction**

The participant will be instructed on her responsibilities for any breast pump loaned.

Trained staff will provide and document instruction to the participant on proper use and care of the electric breast pumps, sanitation and storage of breast milk and hand breast milk expression.

**Monitoring of
Hospital-Grade
Pump Loans**

Local Agencies will monitor the electric breast pumps at each WIC appointment while on loan.

**Return of
Electric
Breast
Pumps**

The participant will return the hospital-grade electric breast pump to the Local Agency for any of the below reasons:

- On the date specified on breast pump loan/release form;
 - When the breastfeeding situation changes;
 - When a single-user breast is requested; or
 - At the request of nutritionist.
-

**Returned
Pumps**

Returned hospital-grade pumps and all non-disposable accessories will be sanitized by the clinic. Single-user pumps, tubing and kits cannot be reused and should be discarded.

**Pumps Not
Returned**

If a hospital-grade electric breast pump is not returned by designated date, a "letter of concern" will be sent to the participant requesting the return of the pump. (See Appendix D). If there is no response to the "letter of concern" within 30 days, the Local Agency will notify the State Agency.

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Participant and Staff Education

Section I

Arizona WIC Peer Counselor Program

Overview

"Using *Loving Support* to Implement Best Practices in Peer Counseling" is a training and technical assistance project designed to assist the national effort by the USDA, Food and Nutrition Service (FNS) to build and enhance peer-counseling programs. Combining peer counseling with the on-going breastfeeding promotion efforts in WIC has the potential to significantly impact breastfeeding rates among WIC participants, and, most significantly, increase the harder to achieve breastfeeding duration rates. The long-range vision of the USDA/FNS is to institutionalize peer counseling as a core service in WIC.

Goals

The overall goals of all WIC breastfeeding projects, including the Peer Counseling project, are to:

- Increase the incidence of breastfeeding to 75% of women initiating breastfeeding upon the birth of their babies
- Increase the duration of breastfeeding to 50% of women for the first 6 months of their baby's life and 25% of women for the first year of their baby's life
- Increase WIC participants knowledge of the advantages of breastfeeding
- Develop community partnerships to maximize resources and increase effectiveness of community support efforts

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Chapter Seven

Participant and Staff Education

Section I

Arizona WIC Peer Counselor Program (Continued)

Allowable Costs

Allowable costs include:

- Compensation for peer counselors and designated peer counselor manager/coordinators
- Training
- Telephone expenses for participant contacts
- Travel for home and hospital visits
- Recruitment of peer counseling staff
- Demonstration materials (e.g., breast pumps for demonstration purposes, videos)
- Written materials

Note: Written materials provided in the peer counseling program are paid for with State NSA funds.

State Peer Counseling Coordinator

ADHS/OCDPNS will house the Peer Counseling Coordinator who will oversee the implementation of the state Peer Counselor plan and projects. The Coordinator will be someone with formal breastfeeding training, personal breastfeeding experience, and experience working with the WIC population. This position will work closely with the State Breastfeeding Coordinator and State WIC program staff.

Peer Counselor

A paraprofessional, recruited and hired from the target population, and who will be available to WIC clients outside of usual clinic hours and outside of the WIC clinic environment. The ideal Peer Counselor will have enthusiasm and previous experience with breastfeeding (at least 6 months of exclusive breastfeeding), will have similarities with the WIC population the program serves (including similar age, ethnic background, and language spoken), and will be a current or previous WIC participant.

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Section I

Arizona WIC Peer Counselor Program (Continued)

Compensation/ Reimbursement	It is strongly recommended that peer counselors be paid employees, rather than volunteers. Providers must also cover travel expenses for home and hospital visits, required trainings, and reimbursements for telephone and other expenses.
Scope of Practice	Job parameters should include but are not limited to: <ul style="list-style-type: none">• Telephone contacts from peer counselor's home and clinic• Home and hospital visits• Support groups• Support availability beyond usual WIC office hours
Training	Trainings to include: <ul style="list-style-type: none">• The <i>Loving Support Through Peer Counseling</i> training will be used to provide trainings to the peer counselors• WIC clinic staff in peer counseling programs will receive the PowerPoint presentation "Peer Counseling: Making a Difference for WIC Families" through the <i>Loving Support</i> curriculum at least one time per clinic during each year of the contract• Additional Trainings for Peer Counselors and WIC staff will include cross-training of peer counselors to familiarize them with WIC services, breastfeeding training for WIC Staff, etc.
Referral Protocol	Using the parameters set in the Loving Support Curriculum, peer counselors need to refer participants to a lactation consultant or medical professional if additional support is needed.
Documentation Requirements	Peer Counselors should use the Peer Counselor Contact Log found in the Loving Support materials or similar document to record all contacts.

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Section I

Arizona WIC Peer Counselor Program (Continued)

Confidentiality	Peer Counselors must sign a confidentiality agreement before providing service.
Financial Report	Monthly Contractor's expenditure Reports are due the 15 th of each month, reflecting expenses that occurred in the previous month.
Program Reports	<p>Quarterly reports are due the 15th of the month after the end of each quarter and should include:</p> <ul style="list-style-type: none">• Personnel: List all personnel that have received Peer Counseling Grant funds, their duties, service areas, and any changes during this reporting period.• Training: Include trainings presented/attended by Breastfeeding Peer Counseling (BFPC) staff during this reporting period.• WIC Coordination: Include any activities that included staff from both programs and any meetings that have occurred to discuss coordination during this reporting period.• Tasks: List all tasks being performed by the BFPC staff during this reporting period.• Participant Contacts: Please quantify the number of contacts that have occurred in each of the service areas or in correlation with the tasks during this reporting period.

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Section I

Arizona WIC Peer Counselor Program (Continued)

Program Reports (Continued)

- **Referrals:** Please list the referrals received and made during this reporting period.
 - **Outreach:** Please list all activities during this reporting period.
 - **Budget:** Please give an overview of purchases during this reporting period. Be sure to include concerns related to your budget i.e., under spending.
 - **Goals for next quarter:** Please list areas of the program that are slated for growth or expansion in the next month. Be sure to incorporate the progress of these items in the next report.
 - **Other:** Anything that is pertinent but does not fit into the above categories.
-

Monitoring

The State Peer Counseling Coordinator will conduct monitoring/technical assistance visits.

Records Retention

Records shall be maintained and available for program audit. Records shall be kept for five (5) years total, including the contract year.

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Section J

Education for Professional and Paraprofessional Staff

Ensuring Competence

Local Agencies will ensure competence of all paraprofessionals who certify or prescribe food packages for WIC participants.

Available Resource

The State Agency provides competency-based training through WIC University. If Local Agencies do not send staff to the WIC University, the Local Agency will be responsible for training paraprofessionals as certifiers using competencies outlined in Appendix B.

WIC University

The State Agency has developed a five-tier approach to training professional and paraprofessional staff. WIC University provides WIC 100 for new clerks, WIC 101 for new certification staff, WIC 201 for nutritionists, WIC 301 for WIC Directors and WIC 401 to train Super Users of the AIM computer system.

Staff Evaluation

Local Agencies will evaluate staff performance annually. The supervisor will complete an annual evaluation of each employee. The completed employee evaluation will be maintained in the employee's file. Key areas of evaluation include:

- Nutrition counseling
 - Breastfeeding counseling and promotion
 - Customer Service
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Chapter Seven

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Section J

Education for Professional and Paraprofessional Staff (Continued)

Education Plan

Local Agencies will provide forty-eight (48) hours of documented training for each staff member in each fiscal year. Although some level of training will be conducted each quarter, training does not have to be evenly distributed over the four quarters of the fiscal year.

At least thirty-six (36) hours of nutrition education will be in:

- Nutrition risk
- Breastfeeding
- Counseling

An additional twelve (12) hours of WIC related education will be provided on the following:

- Civil Rights training is required annually for all staff
- It is required by the USDA that Local Agencies incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients
- Local Agencies must also have a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods

Other training may also include topics such as:

- Program rules
- Food instrument issuance
- Referral procedures
- Computer skills
- Customer service
- Car seat safety
- Personal safety

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Section J

Education for Professional and Paraprofessional Staff (Continued)

Agency Training Files

Each Local Agency will maintain a record of all continuing education provided, in a central file.

Central training files will include:

- Agenda, outline and teaching materials used for local in-service training provided
- A list of participants, speakers, date and time spent in training
- Agenda and outline of meetings which Local Agency staff attend (e.g., Breastfeeding training, Statewide Staff Meetings)

Staff Training Files

Current training files for each paraprofessional will include:

- A summary of needs, based on job functions, updated annually
- A completed competency Certification Checklist with dates of training and evaluation results
- Documentation of training provided

Documentation of Training

Documentation consists of a list of dates, topics presented and time spent in training. Date and time summaries will be separated by fiscal year, verifying the required forty-eight (48) hours per year have been provided. Documentation comprises copies of pre-and post-tests or other methods of evaluation. Also included is documentation of follow-up training, when required (e.g., if competency is not met).

Note: The name of the workshop or in-service training is sufficient when the agenda and training outline are retained in the Local Agency training file.

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Section K

Nutrition Education Resources

Brochures	Brochure copies are available through the State Pamphlet Resource Catalog WIC electronic order form. Requests should be faxed to (602) 442-6867. (See Appendix E)
Flyers	Arizona WIC Approved Food List
Care Plan	The care plans available through the AIM system will be used to support nutrition education.
Training Manual	Arizona WIC Program Training Manual (2006) consists of: <ul style="list-style-type: none">• WIC 100 (Training Manual for Clerks)• WIC 101 (Training Manual for WIC Certifiers)• WIC 201 (Training Materials for WIC Nutritionists)• WIC 301 (Training Materials for WIC Directors)• WIC 401 (Training Manual for AIM Super users)
Lab Manual	Lab Procedure Manual (2007)
Anthropometric Lab Manual	Anthropometric Lab Manual (2007)

Continued on Next Page

Chapter Seven

Participant and Staff Education

Section K

Nutrition Education Resources (Continued)

Dietetic Education Program

The Dietetic Education Program (DEP) is a two-year college program approved by the American Dietetic Association for the training of nutrition paraprofessionals in the delivery of nutrition care services.

- DEP utilizes competency based, self-paced modules and is available to local WIC agencies for the training of paraprofessionals.
- Local Agencies may provide paid time for employees to work on DEP modules or group time for DEP classes. When documented, this time applies to the 48 hours of continuing education required per employee each year.
- The State Agency funds full or partial tuition for Local Agency Staff when requested and approved in the Local Agencies budget each fiscal year.

Program Incentives

The United States Department of Agriculture (USDA) allows the state, when funds are available, to purchase incentive and outreach items for WIC. The items would be used for teaching health messages or to inform people about the WIC program. They would not promote a certain Local Agency's logo or be items that would be seen or used just by staff. Items should include the State 1-800-2525-WIC number (1-800-252-5942).

These items are allowable for three purposes: outreach, breastfeeding promotion, and nutrition education.

An example of an incentive item currently provided by the Arizona Department of Health Services is the Breastfeeding shawls.

Continued on Next Page

Chapter Seven

Participant and Staff Education

Section K

Nutrition Education Resources (Continued)

Program Incentives (Continued)

Program incentive items for Nutrition Education should:

- Be targeted to participants
- Contain a WIC-approved nondiscrimination statement for publications or other printed material that also include any program information
- Have a clear and useful connection to particular WIC nutrition education messages
- Either convey enough information to be considered educational or be utilized by participants to reinforce nutrition education contacts
- Have value as nutrition education aids that equal or outweigh other uses
- Be distributed to the audience for which the items were designed (e.g., tippy cups distributed to mothers of infants who are learning or will be learning to drink from a cup during a relevant nutrition education contact)
- Be reasonable and necessary costs

Other examples include calendars that contain important nutrition education messages and refrigerator magnets with nutrition or breastfeeding information on them.

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Participant and Staff Education

Section K

Nutrition Education Resources (Continued)

Program Incentives (Continued)	Program incentive items for Breastfeeding Promotion and Support should: <ul style="list-style-type: none">• Contain a WIC-approved nondiscrimination statement for publications or other printed material that also include any program information• Have a clear and useful connection to promoting and supporting breastfeeding among current WIC participants• Either convey information that encourages and supports breastfeeding in general, informs participants about the benefits of breastfeeding, or offers support and encouragement to women to initiate and continue breastfeeding• Have value as breastfeeding promotion and support items that equal or outweigh other uses• Be distributed to the audience for which the items were designed• Be reasonable and necessary costs
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Continued on Next Page

Chapter Seven

Participant and Staff Education

Section K

Nutrition Education Resources (Continued)

Program Incentives (Continued)

Examples include: t-shirts, buttons or other items of nominal value with a breastfeeding promotion or support message (e.g., “Breast Fed is Best Fed”).

Careful consideration should be given to the public perception of funds spent on items. Like any other administrative cost, these expenditures are subject to review, audit, and public scrutiny. WIC should be prepared for public challenges and be able to justify their incentive expenditures.

It is mandatory in WIC, that the clinics create a positive environment that endorses breastfeeding as the preferred method of infant feeding.

Each local agency must have a designated staff person to coordinate breastfeeding promotion and support activities.

It is required by the USDA that local agencies incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients. Local agencies must also have a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.

Chapter Seven

Participant and Staff Education

Appendix A: Professional and Paraprofessional Training Dates

See Following Page

Chapter Seven

Participant and Staff Education

Arizona WIC Program Professional and Paraprofessional Training Schedule

FY2007/2008

WIC 100	WIC 101	WIC 201	WIC 301	WIC 401
August 29-30	August 21-23			
	September 25-27		September 12-13	
	October 23-25	October 11		October 18
	November 27-29			
			December 11-12	
	LMS	January 10		January 9
	LMS			
	LMS		March 12-13	
	LMS	April 10		April 9
	LMS			
	LMS		June 11-12	
	LMS	July 10		July 9
	LMS			
	LMS		September 10-11	
	LMS	October 9		October 8

All classes will be held at the Arizona WIC Program Training Room, in the basement, room 008 at 1740 W. Adams
Phoenix, AZ 85007.

Appendix B: Competencies

See Following Pages

Chapter Seven

Participant and Staff Education

Staff Training Competencies WIC 100 – Clerk Training

WIC 100 Competencies	
1. To describe the purpose of the WIC program and identify eligibility criteria	12. To describe the clerk role in providing good customer service
2. To successfully logon to the AIM System	13. To describe common anthropometric, medical, medical, and dietary risks
3. To correctly identify and appropriately utilize the different parts of the AIM System windows	14. To understand the clerk role in promoting good clinic flow
4. To successfully navigate through the AIM System	15. To understand the clerk role in handling customer complaints and civil rights complaints
5. To accurately perform a query	16. To understand that WIC is a national program administered by the USDA
6. To successfully utilize appropriate help functions	17. To select a proper nutrition education plan for a client based on client needs
7. To successfully pre-certify a client	18. To understand and assign the appropriate food package for a client
8. To successfully transfer in-state and out-of-state clients	19. To successfully print and distribute food instruments
9. To schedule a new appointment	20. To successfully void and reissue food instruments
10. To print an appointment notice	21. To understand and successfully run appropriate reports
11. To describe the clerk role in supporting/promoting breastfeeding	

Chapter Seven

Participant and Staff Education

Staff Training Competencies WIC 101 – Certifier Training

WIC 101 Competencies	
1. To describe the purpose of the WIC program and identify eligibility criteria	12. To describe the clerk role in supporting/promoting breastfeeding
2. To successfully logon to the AIM System	13. To correctly identify the guidelines for weighing and measuring clients
3. To correctly identify and appropriately utilize the different parts of the AIM System windows	14. To describe common anthropometric, biomedical, medical, and dietary risks
4. To successfully navigate through the AIM System	15. To successfully understand and perform a 24-hour diet recall using the screening tool
5. To accurately perform a query	16. To successfully complete a diet assessment
6. To successfully utilize appropriate help functions	17. To create a client care plan based on client information
7. To successfully pre-certify a client	18. To select a proper nutrition education plan for a client based on client needs
8. To successfully transfer in-state and out-of-state clients	19. To understand and assign the appropriate food package for a client
9. To schedule a new appointment	20. To successfully print and distribute food instruments
10. To successfully determine and document income eligibility using the Income Calculator	21. To successfully void and reissue food instruments
11. To print an appointment notice	22. To understand and successfully run appropriate reports
	23. To demonstrate their skills to provide nutrition education to WIC participants through role play

Chapter Seven

Participant and Staff Education

Staff Training Competencies

WIC 201 – Nutritionist Training

WIC 201 Competencies	
1. To understand WIC history, mandates, categories, priorities, targeting populations, role of USDA, State office and Local Agency Nutritionists	8. To correctly order nutrition education handouts and supplies
2. To understand and describe WIC risk factors	9. To provide breastfeeding support, including pumps, incentives, referrals, and education
3. To develop effective client care plans and interventions	10. To conduct accurate internal audits
4. To provide effective counseling to WIC clients, especially high risk clients	11. To develop quality staff in-services for continuing education
5. To accurately assess client dietary intake	12. To develop effective outreach activities for the targeted audience
6. To appropriately authorize special formulas	13. To appropriately handle customer complaints and civil rights complaints
7. To correctly run AIM reports	

Chapter Seven - Participant and Staff Education

Staff Training Competencies - WIC 301 Director Training

WIC 301 Competencies	
1. To prepare program budget (contract) proposals, participate in contract negotiations, and monitor compliance	18. To manage clinic operations: Load clinic hours, appointments and schedules in AIM
2. To manage caseload and priority distribution with an outreach plan, appointment scheduling, waiting lists, and waiting lists sorted by priority	19. To understand and follow federal processing standards
3. To submit reports and revisions in a timely manner according to the <u>AZ P&P</u> manual, "Financial Management" chapter	20. To ensure separation of duties in Local Agency clinics
4. To understand process for submitting Contractor Expenditure Reports (CER's)	21. To appropriately resolve client complaints
5. To order forms and supplies from the Office of Nutrition Services (ONS) Administrative Support Supervisor at the State WIC office	22. To develop an appropriate outreach plan
6. To submit inventory list annually	23. To update and confirm referral lists
7. To obtain State approval prior to purchasing capital equipment as defined in <u>AZ P&P</u>	24. To develop a Nutrition Care Plan for each risk factor, including the procedures for identifying high risk clients and documentation of an internal referral process
8. To understand the community needs assessment for vendor authorizations	25. To develop procedures for internal referrals to nutritionist
9. To develop, implement and monitor procedures to ensure food instrument security and accountability	26. To develop and update Local Agency WIC P&P manual
10. To ensure the accuracy of food instrument issuance and redemption training	27. To document and maintain files according to the <u>AZ P&P</u> , "Records and Reports" chapter
11. To ensure that maximum levels of food are not exceeded	28. To understand Community Nutrition Team Programs and Services
12. To refer all vendor requests/complaints/issues to the State Agency for follow-up	29. To identify Healthy Arizona 2010 Nutrition Objectives
13. To follow-up on all vendor complaints regarding participants that are forwarded to you by the State Agency	30. To understand the role of the AIM system
14. To notify the State Agency of all claims of lost and/or stolen food instruments	31. understand Children's Rehabilitative Services, Early Intervention Program, and High Risk Prenatal Services
15. To complete and submit the Redemption Error Report by due date	32. To appropriately use AIM management functionality
16. To develop and perform quality assurance reviews or other continuous quality improvement program regularly	33. To provide daily staff supervision
17. To prepare and present an annual review/evaluation for each staff member	34. To understand how to run AIM reports

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Training Competencies - WIC 401 Super user Training

WIC 401 Competencies	
1. To create a new employee in the AIM computer system.	
2. To edit personnel information in the AIM computer system.	
3. To appropriately use the outreach/referrals section of the AIM computer system.	
4. To complete the time study/daily log in the AIM computer system.	
5. To complete the annual WIC cost summary in the AIM computer system.	
6. To run reports in the AIM computer system.	
7. To assign passwords and roles to new users and update passwords and roles for existing users of the AIM computer system.	
8. To run Caseload reports in the AIM computer system.	
9. To demonstrate understanding of how to appropriately monitor FI stock and MICR cartridge inventory.	
10. To understand how to identify FI number issuance.	
11. To use the Outputs section of the AIM computer system.	
12. To demonstrate an understanding of how to track/monitor help desk calls.	
13. To demonstrate an understanding of how to report a technical problem.	

Chapter Seven

Participant and Staff Education

Appendix C: Electric Breast Pump Loan/Release Form

See Following Page

Chapter Seven

Participant and Staff Education

Electric Breast Pump Loan/Release Form

WIC ID# _____ Pump Serial # _____
Date Loaned/Given _____ Date Returned(Hospital-grade): _____
Name _____
Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____

For Hospital-grade electric breast pump only:

Name of Relative _____
Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____
Expected Date of Return _____

PRIORITY

REASON FOR LOAN

- I. Mom and Baby Separation Due to Medical Need
- II. Mom and Baby Separation Due to Work/School Schedule
- III. Mom with Special Needs/Problems (infection, surgery...)
- IV. Mom with Supply Problems/Breast Rejection/Latch-on Problems
- V. Mom and Baby Separation Due to Other Reasons as deemed appropriate by Breastfeeding Coordinator, WIC Director, or International Board Certified Lactation Consultant.

INSTRUCTIONS GIVEN TO PARTICIPANTS? (Date and signature of instructor)

Demonstration of use _____ Storage of breast milk _____
Sanitation/cleaning _____ Hand expression _____

FINAL OUTCOME:

Mom successfully used the pump for _____ months.

Mom discontinued use of the pump due to _____

I understand that the WIC program, its employees, or the State of Arizona Department of Health Services are not responsible for any personal damage caused by the use of this breast pump. I am the only one responsible. I also understand that I must return this hospital-grade electric breast pump in clean and usable condition or replace it at a cost of \$_____.

Participant Signature _____ Date _____

Loaned/Given by _____ Date _____

Chapter Seven

Participant and Staff Education

Appendix D: Letter of Concern

See Following Page

Date:_____

Dear:_____

We are sorry you missed your last WIC appointment on _____. Although we have made several attempts to call you, we have not been able to reach you. We are in need of the electric breast pump/accessories loaned to you on _____. On the “Electric Breast Pump Loan Agreement” that you signed, you agreed to return the pump/accessories on _____ or be subject to financial penalty.

Please call us at _____. If we have not heard from you by _____, we will assume the pump/accessories are lost or you do not intend to return them and you will be asked to pay to replace the pump/accessories.

We sincerely hope to hear from you soon.

Signature

Name of Agency_____

Address of Agency_____

City, State, Zip Code_____

Agency Telephone Number_____

Chapter Seven

Participant and Staff Education

Appendix E: State Pamphlet Resource Catalog WIC order form

See Following Page

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF NUTRITION SERVICES
WIC ORDER FORM**

FAX YOUR ORDER TO.
(602) 442-6867

Local Agency: _____

Date: _____

Phone: _____

Requested By: _____

Request	WIC FORMS AND MATERIALS	Shipped	ReOrder
	WIC-30 WHAT IS WIC?		
	WIC-30S WHAT IS WIC?		
	WIC-58 REFERRAL / INFORMATION REQUEST-ANEMIA		
	WIC-70 IDENTIFICATION FOLDERS		
	WIC-70S IDENTIFICATION FOLDERS		
	WIC-71, 71S NEW AZ WIC PROGRAM FOOD INSTRUMENT		
	WIC-73 APPROVED FOOD LISTS		
	WIC-73S APPROVED FOOD LISTS		
	WIC-73L APPROVED FOOD LIST LAMINATED		
	WIC-73LS APPROVED FOOD LIST LAMINATED		
	WIC-80 WIC CUSTOMER SAVING FLYER		
	WIC-80S WIC CUSTOMER SAVING FLYER		
	WIC-90 FOOD INSTRUMENT ENVELOPES		
	WIC-91 PLASTIC ID FOLDER BAGS		
	WIC-94 WIC WORKS LET US HELP 11" X 17" POSTER		
	WIC-94S WIC WORKS LET US HELP 11" X 17" POSTER		
	WIC-95 WIC WORKS LET US HELP 20" X 28" POSTER		
	WIC-95S WIC WORKS LET US HELP 20" X 28" POSTER		

Date Completed: _____

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF NUTRITION SERVICES
WIC ORDER FORM**

FAX YOUR ORDER TO.
(602) 442-6867

Local Agency: _____

Date: _____

Phone: _____

Requested By: _____

[illegible]

Date Completed:_____

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF NUTRITION SERVICES
WIC ORDER FORM**

FAX YOUR ORDER TO.
(602) 442-6867

Local Agency: _____

Date: _____

Phone: _____

Requested By: _____

Request	BREASTFEEDING MATERIALS	Shipped	ReOrder
	B-10 B.FEED-GETTING STARTED IN 5 STEPS		
	B-10S B.FEED-GETTING STARTED IN 5 STEPS		
	B-12 HELPFUL HINTS ON BREASTFEEDING		
	B-12S HELPFUL HINTS ON BREASTFEEDING		
	B-14 20 GREAT REASONS TO BREASTFEED		
	B-14S 20 GREAT REASONS TO BREASTFEED		
	B-15 RETURNING TO WORK		
	B-16 STORING FOR LATER USE		
	B-16S STORING FOR LATER USE		
	B-55 COTTON NURSING PADS		
	B-59 MEDELA LACTINA PLUS BREAST PUMP		
	B-60 AMEDA-EGNELL ONE HANDED MANUAL BREAST		
	B-62 MEDELA DUAL HYGIENIKIT		
	B-63 BREASTFEEDING BAGS- REMOVE DOESN'T EXIST		
	B-64 BREASTFEEDING SCARVES		
	B-65 MYTHS AND FACTS ABOUT BREASTFEEDING		
	B-66 MEDELA SINGLE USER BREAST PUMP		
	B-67 MEDELA SINGLE USER BREAST PUMP BATTERY PK		
	B-68 BLACK COOLER BAG		
	B-69 BREASTMILK STORAGE BAGS: 50 bags per box		
	B-70 HOTLINE BAG TAG: 545 per box		
	B-71 HOTLINE MAGNETS: 1000 per box		
	B-72 HOTLINE STICKERS: 500 per roll		
	B-73 B. MILK- ESTABLISHING YOUR SUPPLY		
	B-74 B. MILK- STORING FOR LATER USE		

Date Completed: _____

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF NUTRITION SERVICES
WIC ORDER FORM**

FAX YOUR ORDER TO.
(602) 442-6867

Local Agency: _____

Date: _____

Phone: _____

Requested By: _____

[illegible]

Date Completed: _____

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF NUTRITION SERVICES
WIC ORDER FORM**

FAX YOUR ORDER TO.
(602) 442-6867

Local Agency: _____

Date: _____

Phone: _____

Requested By: _____

Request	EDUCATIONAL MATERIALS	Shipped	ReOrder
	E-15, 15S 'AND JUSTICE FOR ALL' POSTER		
	E-18 IRON FOR STRONG BLOOD		
	E-18S IRON FOR STRONG BLOOD		
	E-19 GIVE YOUR BABY A HEALTHY START		
	E-19S GIVE YOUR BABY A HEALTHY START		
	E-20 BE A HEALTHY MOM		
	E-20S BE A HEALTHY MOM		
	E-22 FEEDING YOUR BABY- BIRTH TO 8 MONTHS		
	E-22S FEEDING YOUR BABY- BIRTH TO 8 MONTHS		
	E-23 FEEDING YOUR BABY- 6 TO 12 MONTHS		
	E-23S FEEDING YOUR BABY- 6 TO 12 MONTHS		
	E-24 FEEDING YOUR BABY- 1 TO 3 YEARS		
	E-24S FEEDING YOUR BABY- 1 TO 3 YEARS		
	E-25 FEEDING YOUR BABY- 4 TO 5 YEARS		
	E-25S FEEDING YOUR BABY- 4 TO 5 YEARS		
	E-26 TIME FOR A CUP		
	E-26S TIME FOR A CUP		
	E-27 YOU HAVE A CHOICE, BUT YOUR BABY DOESN'T		
	E-27S YOU HAVE A CHOICE, BUT YOUR BABY DOESN'T		

Date Completed: _____

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF NUTRITION SERVICES
WIC ORDER FORM**

FAX YOUR ORDER TO.
(602) 442-6867

Local Agency: _____

Date: _____

Phone: _____

Requested By: _____

Request	ORAL HEALTH MATERIALS	Shipped	ReOrder
	BROCHURES		
	A Guide to Oral Health During Pregnancy ENG		
	A Guide to Oral Health During Pregnancy SPAN		
	A Guide to Oral Health for Your Baby's First Year ENG		
	A Guide to Oral Health for Your Baby's First Year SPAN		
	A Guide to Oral Health for Children Ages 1-3 ENG		
	A Guide to Oral Health for Children Ages 1-3 SPAN		
	POSTERS		
	Oral Health Poster with Spoon-Double Sided (E/S) 22"x28"		
	Oral Health Poster with Spoon-Double Sided (E/S) 8.5"x10"		
	Oral Health Poster with Pacifier-Double Sided (E/S) 22"x28"		
	Oral Health Poster with Pacifier-Double Sided (E/S) 8.5"x10"		
	FLIPCHARTS		
	Improving Women's and Children's Oral Health ENG		
	Improving Women's and Children's Oral Health SPAN		

Date Completed: _____

Appendix F: Hemoglobin Cutoff Values

See Following Pages

Chapter Seven

Participant and Staff Education

Cutoff values for Hemoglobin Levels at 0-2,999 feet

Smoking Status	action	Pregnant			Breastfeeding/Post-Partum		Infant and Child	
		1st Trimester 0 – 13 weeks	2nd Trimester 14 – 26 weeks	3rd Trimester 27 + weeks	12 years to 14 years 11 months	15 years +	Infant 6 to 23 months	Child 2 to 5 years
Non-Smoker	Anemia	10.9	10.4	10.9	11.7	11.9	10.9	11.0
	Nutritionist	8.5 16.3	8.1 15.9	8.5 16.3	9.2 17.0	8.8 16.6	7.9 15.7	8.2 16.0
up to 1 pack (1-19 cigarettes)	Anemia	11.2	10.7	11.2	12.0	12.2		
	Nutritionist	8.8 16.6	8.3 16.1	8.8 16.6	9.5 17.3	9.4 17.2		
1-2 packs (20-39 cigarettes)	Anemia	11.4	10.9	11.4	12.2	12.4		
	Nutritionist	9.5 17.3	7.9 15.7	9.5 17.3	9.7 17.5	9.9 17.7		
2+ packs (40+ cigarettes)	Anemia	11.6	11.1	11.6	12.4	12.6		
	Nutritionist	10.2 18.0	7.5 15.3	10.2 18.0	9.9 17.7	10.4 18.2		

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC

Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist

Chapter Seven

Participant and Staff Education

Cutoff values for Hemoglobin Levels at 3,000-3,999 feet

Smoking Status	action	Pregnant			Breastfeeding/Post-Partum		Infant and Child	
		1st Trimester 0 – 13 weeks	2nd Trimester 14 – 26 weeks	3rd Trimester 27 + weeks	12 years to 14 years 11 months	15 years +	Infant 6 to 23 months	Child 2 to 5 years
Non-Smoker	Anemia	11.1	10.6	11.1	11.9	12.1	11.1	11.2
	Nutritionist	9.0 16.8	8.6 16.4	9.0 16.8	9.4 17.2	9.3 17.1	8.3 16.1	8.7 16.5
up to 1 pack (1-19 cigarettes)	Anemia	11.4	10.9	11.4	12.2	12.4		
	Nutritionist	9.3 17.1	8.8 16.6	9.3 17.1	9.7 17.5	9.8 17.6		
1-2 packs (20-39 cigarettes)	Anemia	11.6	11.1	11.6	12.4	12.6		
	Nutritionist	10.0 17.8	8.4 16.2	10.0 17.8	9.9 17.7	10.3 18.1		
2+ packs (40+ cigarettes)	Anemia	11.8	11.3	11.8	12.6	12.8		
	Nutritionist	10.7 18.5	8.0 15.8	10.7 18.5	10.1 17.9	10.8 18.6		

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC
Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist

Chapter Seven

Participant and Staff Education

Cutoff values for Hemoglobin Levels at 4,000-4,999 feet

Smoking Status	action	Pregnant			Breastfeeding/Post-Partum		Infant and Child	
		1st Trimester 0 – 13 weeks	2nd Trimester 14 – 26 weeks	3rd Trimester 27 + weeks	12 years to 14 years 11 months	15 years +	Infant 6 to 23 months	Child 2 to 5 years
Non-Smoker	Anemia	11.2	10.7	11.2	12.0	12.2	11.2	11.3
	Nutritionist	9.1 16.9	8.8 16.6	9.1 16.9	9.5 17.3	9.4 17.2	8.4 16.2	8.8 16.6
up to 1 pack (1-19 cigarettes)	Anemia	11.5	11.0	11.5	12.3	12.5		
	Nutritionist	9.4 17.2	9.0 16.8	9.4 17.2	9.8 17.6	9.9 17.7		
1-2 packs (20-39 cigarettes)	Anemia	11.7	11.2	11.7	12.5	12.7		
	Nutritionist	10.2 18.0	8.6 16.4	10.2 18.0	10.0 17.8	10.4 18.2		
2+ packs (40+ cigarettes)	Anemia	11.9	11.4	11.9	12.7	12.9		
	Nutritionist	10.9 18.7	8.2 16.0	10.9 18.7	10.2 18.0	10.9 18.7		

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC

Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist

Chapter Seven

Participant and Staff Education

Cutoff values for Hemoglobin Levels at 5,000-5,999 feet

Smoking Status	action	Pregnant			Breastfeeding/Post-Partum		Infant and Child	
		1st Trimester 0 – 13 weeks	2nd Trimester 14 – 26 weeks	3rd Trimester 27 + weeks	12 years to 14 years 11 months	15 years +	Infant 6 to 23 months	Child 2 to 5 years
Non-Smoker	Anemia	11.4	10.9	11.4	12.2	12.4	11.4	11.5
	Nutritionist	9.3 17.1	8.9 16.7	9.3 17.1	9.7 17.5	9.5 17.3	8.5 16.3	8.9 16.7
up to 1 pack (1-19 cigarettes)	Anemia	11.7	11.2	11.7	12.5	12.7		
	Nutritionist	9.6 17.4	9.2 17.0	9.6 17.4	10.0 17.8	10.1 17.9		
1-2 packs (20-39 cigarettes)	Anemia	11.9	11.4	11.9	12.7	12.9		
	Nutritionist	10.3 18.1	8.8 16.6	10.3 18.1	10.2 18.0	10.6 18.4		
2+ packs (40+ cigarettes)	Anemia	12.1	11.6	12.1	12.9	13.1		
	Nutritionist	11.0 0.0	8.4 16.2	11.0 18.8	10.4 18.2	11.1 18.9		

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC

Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist

Chapter Seven

Participant and Staff Education

Cutoff values for Hemoglobin Levels at 6,000-6,999 feet

Smoking Status	action	Pregnant			Breastfeeding/Post-Partum		Infant and Child	
		1st Trimester 0 – 13 weeks	2nd Trimester 14 – 26 weeks	3rd Trimester 27 + weeks	12 years to 14 years 11 months	15 years +	Infant 6 to 23 months	Child 2 to 5 years
Non-Smoker	Anemia	11.6	11.1	11.6	12.4	12.6	11.6	11.7
	Nutritionist	9.4 17.2	9.1 16.9	9.4 17.2	9.9 17.7	9.7 17.5	8.7 16.5	9.1 16.9
up to 1 pack (1-19 cigarettes)	Anemia	11.9	11.4	11.9	12.7	12.9		
	Nutritionist	9.7 17.5	9.3 17.1	9.7 17.5	10.2 18.0	10.2 18.0		
1-2 packs (20-39 cigarettes)	Anemia	12.1	11.6	12.1	12.9	13.1		
	Nutritionist	10.5 18.3	8.9 16.7	10.5 18.3	10.4 18.2	10.7 18.5		
2+ packs (40+ cigarettes)	Anemia	12.3	11.8	12.3	13.1	13.3		
	Nutritionist	11.2 19.0	8.5 16.3	11.2 19.0	10.6 18.4	11.2 19.0		

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC

Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist

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Participant and Staff Education

Cutoff values for Hemoglobin Levels at 7,000-7,999 feet

Smoking Status	action	Pregnant			Breastfeeding/Post-Partum		Infant and Child	
		1st Trimester 0 – 13 weeks	2nd Trimester 14 – 26 weeks	3rd Trimester 27 + weeks	12 years to 14 years 11 months	15 years +	Infant 6 to 23 months	Child 2 to 5 years
Non-Smoker	Anemia	11.9	11.4	11.9	12.7	12.9	11.9	12.0
	Nutritionist	9.6 17.4	9.3 17.1	9.6 17.4	10.2 18.0	9.8 17.6	8.8 16.6	9.2 17.0
up to 1 pack (1-19 cigarettes)	Anemia	12.2	11.7	12.2	13.0	13.2		
	Nutritionist	9.9 17.7	9.5 17.3	9.9 17.7	10.5 18.3	10.4 18.2		
1-2 packs (20-39 cigarettes)	Anemia	12.4	11.9	12.4	13.2	13.4		
	Nutritionist	10.6 18.4	9.1 16.9	10.6 18.4	10.7 18.5	10.8 18.6		
2+ packs (40+ cigarettes)	Anemia	12.6	12.1	12.6	13.4	13.6		
	Nutritionist	11.3 19.1	8.7 16.5	11.3 19.1	10.9 18.7	11.3 19.1		

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC
Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist

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Participant and Staff Education

Appendix G: Arizona State Nutrition Education Care Plans

See Following Pages

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Participant and Staff Education

Care Plan - Anemia

Objective: To reduce iron-deficiency anemia among infants, young children & females of childbearing age. (Healthy Arizona 2010)

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
A1. Caregivers will be encouraged to breastfeed as the preferred method of infant feeding.	Pregnant women	Pregnant women will state 1 mutual benefit of breastfeeding.	Breastfeeding incidence will increase to 75% initiating & 50% at 6 months of age.	Community Nutrition Worker (CNW) or Nutritionist	Third trimester (ideally should occur throughout pregnancy)	Doc. of Nutrition Ed. Contact- Breastfeeding
A2. Caregivers of infants will be encouraged to provide iron-fortified infant formula if not breastfeeding.	Caregivers of infants	Caregivers will use iron-fortified formula and recognize that it is the best substitute for breast milk.	Iron-fortified formula will be the only substitute for breast milk.	CNW or Nutritionist	Infant Cert & Follow-up visits	Doc. of Nutrition Ed. Contact- Infant Feeding Guidelines Query of Food Packages
A3. Caregivers will be encouraged to introduce plain iron-fortified infant cereal to their infants when developmentally ready (usually 6 months of age).	Caregivers of infants	Caregivers will use plain iron-fortified infant cereal and it will be introduced when developmentally ready (usually 6 months of age).	Intervention included in Appropriate Nutrition Intake.	CNW or Nutritionist	Mid-cert infant health check	Doc. of Nutrition Ed. Contact by 6 months of age – Iron for Strong Blood or Feeding your Baby-Birth to 8 months Query of Risks

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Participant and Staff Education

Care Plan – Anemia Continued

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
A4. Caregivers will be educated to provide vitamin-C rich foods along with iron-containing foods as well as introduce infant cereal, strained meats and/or beans.	Caregivers of infants	Caregivers will state the importance of combining vitamin-C foods with iron-containing foods and introducing meats, infant cereal and/or beans as a source of iron.	Infant Health check will reflect appropriate nutrition intake. AIM will reflect 85% of caregivers have received age-appropriate nutr. Ed.	CNW or Nutritionist	Infant Cert & Follow-up visits	Doc. Of Nutrition Ed. Contact by 12 months of age- Iron for Strong Blood or Feeding Your Baby 6-12 months
A5. Caregivers will be educated to introduce whole milk at or after 1 year of age.	Caregivers of infants	Caregivers will state 1 reason for waiting until age 1 to give whole milk.	Child (C1) Health History will reflect whole milk intake.	CNW or Nutritionist	C1 Cert & Follow-up visits	Doc. Of Nut Ed. Contact by 12 mos – Iron for Strong Blood or Feeding Your Baby-6-12 months; Query of Food Pkgs
A6. Caregivers will be educated that milk should not serve as a replacement for iron-containing foods in the diet of 1+ year old.	Caregivers of children	Caregivers will state the importance of appropriate amounts of milk in child's diet to ensure a balance between foods and of encouraging iron-containing foods.	Child Health History will reflect appropriate nutrition intake.	CNW or Nutritionist	Mid-cert infant health check, child certifications & follow-up visits	Doc. Of Nutrition Ed. Contact by 12 months – Feeding Your Toddler
A7. Participants will have available to them a variety of Anemia handouts/pamphlets to address varying education levels, varying content.	Participant with low Hgb	Different handouts will be reviewed with caregivers throughout their WIC enrollment	Follow-up/Nutrition Ed. Will reflect various brochures being offered	CNW or Nutritionist	Certifications & follow-up visits	Doc. Of Nutrition Ed. Contact utilizing various handouts Query of materials given

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Participant and Staff Education

Care Plan – Anemia Continued

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
A8. Caregivers will be referred to their Health Care Provider when child's Hgb is ± 4 g/dl of anemia cutoff value.	Caregivers of infants/ children	Caregivers will state 1 reason for taking their at-risk child to a Health Care Provider	Number of referrals to Health Care Provider increases by 2%/year	CNW or Nutritionist	Certifications & follow-up visits	Doc. Of Referral to Health Care Provider in client's Care Plan Query of blood values, risks & referrals to Health Care Provider
A9. Pregnant women will be encouraged to take the prenatal vitamin daily.	Pregnant women	Pregnant woman will state 1 benefit to taking her vitamin.	Increase in number of pregnant women taking prenatal vitamin.	CNW or Nutritionist	First prenatal WIC visit	Query of Woman's Health history
A10. Post-partum women enrolled who have a history of low Hgb will be educated to prevent iron-deficiency anemia.	Post-partum WIC women	Women will state 1 way to prevent iron-deficiency anemia.	Decrease in post-partum women iron-deficiency anemia rates – Risk 201	CNW or Nutritionist	Second post-partum visit	Doc. Of Nutrition Ed. Re: Anemia

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Participant and Staff Education

Care Plan – Anemia Continued

STAFF TRAINING						
Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
AS1. Pertinent WIC staff will undergo mandatory training on Hgb machine & lancet use every 2 years.	Pertinent WIC staff	All pertinent staff will undergo competency-based training every 2 years.	Hgb values will be more consistent across WIC population.	State staff, appropriately trained lab personnel or training specialist from Hgb machine company	Initial training at hire, then every 2 years	Certificate in employee's training file documenting they are competent in Hgb testing
AS2. Pertinent WIC Staff to complete ADHS Anemia CD-ROM module every 2 years and score at least 70%.	Pertinent WIC staff	All staff will complete refresher CD-ROM course in anemia	Staff will educate WIC clients proactively in order to decrease anemia rates.	WIC supervisor	Within 1 year of hire, repeated every 2 years	Documented in employee's training file a score of at least 70%;

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Participant and Staff Education

Care Plan – Appropriate Nutrition Intake

Objective: Increase the proportion of women, infants, and children who eat healthy food based on age, category, and development.

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
AN1. Caregivers of infants and children will receive education on age-appropriate foods, physical activity, and development.	Caregivers of Infants and Children	Caregiver will verbalize one change that they can make to their child's current diet.	Appropriate height:weight, trends & more referrals to AZEIP	CNW or Nutritionist	Certification and Follow-up	Query to analyze weight trends. Query the number of referrals to developmental services.
AN2. Infants and one to two year old children will be assessed and caregivers will be educated on possible choking foods.	Caregivers of Infants and Children	Caregivers will list two (2) foods that are high- risk for choking.	Reduction in children receiving Risk 425 twice.	CNW or Nutritionist	Second Certification over one (1) year of age.	Documentation of Nutrition Education; Query of risks related to age
AN3. At certification, caregivers of one (1) year old children will be educated on the benefits of weaning from the bottle.	Caregivers of Infants & One (1) year old children.	Caregivers of one (1) year olds will list two methods for weaning their child from the bottle.	Reduction in 18-month olds still on the bottle. (Risk 419)	CNW or Nutritionist	Certification	Documentation of Nutrition Education- e.g. weaning. Query of risks at 18 months of age

Chapter Seven

Participant and Staff Education

Care Plan - Appropriate Nutrition Intake Continued

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
AN4. Caregivers of children will receive information on age-appropriate serving sizes.	Caregivers of Children	Caregivers will identify the appropriate serving sizes for at least two (2) foods.	Reduction in children assigned inappropriate feeding practices – Risk 425.	CNW or Nutritionist	Certification	Documentation of Nutrition Education.
AN5. Caregivers of one (1) year old children will be educated on the benefits of whole milk from one to two years of age.	Caregivers of One (1) year old children	Caregivers will make the age-related distinction between formula, whole milk, and low-fat milk.	Food packages for whole milk will be consistent with the one year old population.	CNW or Nutritionist	Certification and/or Follow-up	Documentation of Nutrition Education; Query of food packages issued.
AN6. At certification, caregivers of infants will receive information on feeding cues, feeding schedules, food safety, and solid foods.	Caregivers of Infants	Caregivers will cite information on each that shows adoption of recommendations.	Solids will have been introduced at a later date. (decreased Risk 412)	CNW or Nutritionist	Mid-Cert Health Check and one year certification	Documentation of Nutrition Education; Query of date solid foods first introduced;
AN7. Overweight and underweight pregnant women will be encouraged to incorporate healthy foods in their diets.	Underweight & overweight Pregnant Women	Overweight and underweight pregnant women will change one current eating practice.	Women Health – Diet Assessment	CNW or Nutritionist	Certification & Follow-up	Documentation of Nutrition Education

Chapter Seven

Participant and Staff Education

Care Plan - Appropriate Nutrition Intake Continued

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
AN8. Pregnant women will receive one tailored nutrition message.	Pregnant Women	Pregnant woman will help to set a goal specific to herself.	Nutrition Goals will support findings on risk identification.	CNW or Nutritionist	Certification	Documentation of Nutrition Education
AN9. Women will receive information on appropriate nutrition intake including serving sizes, food groups, and physical activity.	Pregnant, Postpartum, Breastfeeding Women	Participant will list one change that she could make to improve her and her baby's health.	More steady weight gain average; Less extreme overweight PP/BF.	CNW or Nutritionist	Certification and Follow-up	Documentation of Nutrition Education; Query of weights including pre-pregnancy, pregnancy, and postpartum.
AN10. All categories will receive a referral to community food resources.	Participants	Participants will name one additional food resource.	More referrals to individual resources as documented in Care Plan.	CNW or Nutritionist	Certification and Follow-up	Documentation of Nutrition Education;
AN11. Participants over age two (2) will be encouraged to drink lower fat milk.	Participants >25 BMI	Participants and caregivers will state two (2) benefits to lower fat milk.	An increase in the amount of lower fat milk food instruments issued.	CNW or Nutritionist	Certification and Issuance	Documentation of Nutrition Education; Query of food packages issued.

Chapter Seven

Participant and Staff Education

Care Plan – Breastfeeding

Objective 1: Increase the percentage of WIC infants “ever breastfed.”

Objective 2: Increase the percentage of WIC Infants with ANY breastfeeding at six months of age.

Objective 3: Increase the percentage of WIC infants who receive no formula at six months of age.

Objective 4: Increase the percentage of WIC women who receive breastfeeding education during their pregnancy.

Objective 5: Establish educational requirements for WIC staff around knowledge and skills breastfeeding.

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
BF1. All pregnant WIC women will receive breastfeeding education early & often during pregnancy.	PG1 & PG2	Pregnant women will state 2 benefits of breastfeeding.	Breastfeeding initiation rates will increase	CNW or Nutritionist	At first pregnancy visit & every PG visit	Documentation of Nutrition Education – Breastfeeding Discuss and give the “Helpful Hints” topics in the brochure: “Breastfeeding, Getting Started in 5 Easy Steps” during late pregnancy or within first week after birth.
BF2. New breastfeeding mothers receive early and frequent contacts.	EN & PN	Systems of early contact to be developed, e.g.: Phone calls Hospital visits Home visits Early certifications Peer groups	Increased breastfeeding duration and “no formula given” rates.	Community Nutrition Worker (CNW) or Nutritionist WIC Breastfeeding educator	At birth Weekly calls after birth, as needed. Monthly WIC appts., as needed	EN women are certified early after delivery. Schedule monthly WIC appointments in the early postpartum period. Instruct mother to call from hospital or schedule phone calls around delivery date. Give mother at least one name and phone number to call for breastfeeding help. Invite significant others to WIC nutrition education appointments. Establish peer groups.

Chapter Seven

Participant and Staff Education

Care Plan – Breastfeeding Continued

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
BF3. Assess participant's knowledge, concerns, and attitudes related to breastfeeding	EN & PN	Food packages, care plans, and counseling will be tailored to their needs.	AIM breastfeeding data will improve. Duration and "no formula given " rates will increase.	Community Nutrition Worker (CNW) or Nutritionist	Phone calls, hospital or home visits, Certification visit. Subsequent WIC visits for counseling or changes made to food packages	<p>Begin each contact with praise.</p> <p>Complete a new health history record for the infant at each visit to assess current feeding practices, mother's stage of change and support system. ON HOLD UNTIL AIM CHANGE</p> <p>Breastfeeding women receive a food package consistent with their nutritional needs</p> <p>Discuss and give "Helpful Hints" brochure at first postpartum WIC visit.</p> <p>Discuss returning to school/work and arrange availability of pump and supplies, as needed.</p> <p>Give breast pads and other support supplies with instructions on care and handling of breast milk.</p> <p>Documentation of pump usage; Query of Risks</p>

Chapter Seven

Participant and Staff Education

Care Plan – Breastfeeding Continued

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
BF4. Breastfeeding women receive support and assistance in order to maintain or increase milk supply	EN and PN women	Food packages, care plans, and counseling will be tailored to their needs.	AIM breastfeeding data will improve. Duration and “no formula given ” rates will increase.	Community Nutrition Worker (CNW) or Nutritionist	Shortly after birth, at Certification, when needed.	Answer all questions. Respond to all cues and concerns. Refer breastfeeding problems according to local agency criteria.
BF5. Assess reasons for formula requests from breastfeeding moms and ensure food package is tailored to meet her needs.	EN and PN women	Food packages, care plans, and counseling will be tailored to their needs.	AIM breastfeeding data will improve. Duration and “no formula given ” rates will increase.	Community Nutrition Worker (CNW) or Nutritionist	Shortly after birth, at Certification, when needed.	Review AAP recommendations for breastfeeding. Inform mom of incentives for length of breastfeeding duration. Actively endorse the provision of human milk as the preferred method of feeding infants, including premature and sick newborns with rare exceptions. Define situations when breastfeeding is contraindicated, as in HIV/AIDS or with specific drug use. Address positioning, sore nipples and other problems immediately. Discuss the hazards of formula, including weaning. Support and respect each mother’s informed decision.

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Participant and Staff Education

Care Plan – Breastfeeding Continued

STAFF TRAINING						
Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
BFS1. Each agency designates a breastfeeding coordinator.	All local agencies and state agency	Hiring practices. Interview questions. Training requirements.		Local Agency Nutrition Director State WIC Director	On-going	Breastfeeding coordinators have clearly defined qualifications [WIC Nutrition Standards] Breastfeeding coordinators have clearly defined roles and responsibilities. [WIC Nutrition Standards]
BFS2. State and local agency staff receive orientation and task-appropriate training on breastfeeding promotion and support.	100% WIC staff involved in direct contact with WIC clients	Develop course on WIC breastfeeding support and format on CD. All staff offer support and education.	Documentation of staff training. Interview questions.	ONCDPS training team CBC and DEP instructors Nutrition Directors	Before interviewing and counseling participants.	All new hires take the basic WIC breastfeeding course within one year of hire. WIC staff will complete a 40-hour breastfeeding course within two years. Current staff
BFS3. Staff will receive at least 4 hours of continuing education credits per year in breastfeeding.	100% WIC staff involved in direct contact with WIC clients	Breastfeeding information will be state-of-the-art and consistent.	All WIC staff will intervene on breastfeeding problems, increase expertise and improve duration rates.	Breastfeeding Coordinators ONCDPS training team Arizona Breastfeeding Coalition	Annually	Mentor, evaluate and recognize staff on their breastfeeding knowledge and support skills. Develop an advanced breastfeeding course.
BFS4. Staff are trained to tailor food packages to meet the nutritional needs of the breastfeeding dyad.	Community Nutrition Worker (CNW) or Nutritionist	Use tools to calculate actual formula needs to tailor food package.	The dyad's food packages match their categories.	ONCDPS training team Breastfeeding coordinators	Prior to assigning or issuing food packages.	Train staff on food package tailoring.

Chapter Seven

Participant and Staff Education

Care Plan – Breastfeeding Continued

STAFF TRAINING CONTINUED						
Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
BFS5. The local clinic's environment, where nutrition services are provided, is supportive of breastfeeding	100% of clinics where WIC is present		Educational and promotional materials portray breastfeeding as the preferred method of infant feeding. The visibility of formula materials, displays and logos is limited. Comfortable space is designated for breastfeed and/or pump, if space allows.	Directors Breastfeeding Coordinators	On-going Reviewed at management evaluations.	Each agency adopts an employee breastfeeding policy. A comfortable area is provided for all mothers to pump or breastfeed, if space allows. Train staff on consistent breastfeeding messages and breastfeeding support. Display breastfeeding messages throughout clinic

Chapter Seven

Participant and Staff Education

Care Plan - Oral Health

Objective: To reduce or prevent tooth decay in breastfeeding, pregnant and post-partum women, children and infants.

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
OH1. Women and caregivers will be given information on the benefits of cleaning, brushing and flossing.	BF/PP/PG women, children and infants	Women and caregivers will identify one benefit of cleaning, brushing and flossing teeth.	Reduce the number of clients assigned Dental Problems risk (Risk 381) 2%/year for 5 years	Community Nutrition Worker (CNW) or Nutritionist	Annually for 5 years.	Query each year to document percent of change.
OH2. Caregivers will be given information on the risks of improper use of nursing bottles.	Children and infants.	Caregivers will state one technique they can apply to their feeding situation.	Decrease number of infants and children assigned Risk 419 by 2%/year for 5 yrs.	CNW or Nutritionist	Annually for 5 years.	Query each year to document percent of change. **Parameters to be determined

STAFF TRAINING						
Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
All appropriate WIC staff will be trained on oral assessments and appropriate referrals.	All appropriate staff	Staff will be counseling and assessing all clients' oral health.	The staff will increase the number of referrals and/or decrease the number of dental risks assigned.	Staff trained by oral health specialist.	Annually	Track staff training.

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Participant and Staff Education

Care Plan – Healthy Weight

Objective: Increase the proportion of children, adolescents and adults who are at a healthy weight. (Healthy Arizona 2010)

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
HW1. Caregivers of infants and children under age 2 will be shown and/or given their growth chart.	Caregivers of Infants and Children under age 2	The caregiver will verbalize the child's current weight range.	Infant/child care plan will include growth chart info.	CNW or Nutritionist	Certification and Follow-up	Documentation of Nutrition Education
HW2. Caregivers of children over age 2 will be shown and/or given their growth chart.	Caregivers of Children age 2 and over.	The caregiver will state the child's current weight status.	Less extremes in weight gain/loss.	CNW or Nutritionist	Certification and Follow-up	Documentation of Nutrition Education; Query of weight trends.
HW3. Caregivers of infants and children will be given information on age-appropriate physical activities for the infant/child.	Caregivers of Infants and Children	The caregiver will list one activity that they can encourage their child to participate in.	Infant/child care plan will contain physical activity.	CNW or Nutritionist	Certification or Follow-up.	Documentation of Nutrition Education.
HW4. Caregivers of infants and children will receive one custom nutrition education message.	Caregivers	Caregivers will name one change they could make in their diet.	Infant/child care plan will contain one nutrition goal that directly relates to a risk.	CNW or Nutritionist	Certification or Follow-up	Query of risk factors; Documentation of Nutrition Education.
HW5. Caregivers of children will be counseled on one benefit of a healthy weight.	Caregivers of Children	Caregiver will state one benefit of achieving or sustaining a healthy weight.	Infant/child care plan will contain information on healthy weight.	CNW or Nutritionist	Certification or Follow-up	Documentation of Nutrition Education
HW6. Participants will receive a tailored food package.	All categories	The participant will choose among food packages offered.	Fewer standard food packages will be issued.	CNW or Nutritionist	Certification	Query of Food Package Issuance

Chapter Seven

Participant and Staff Education

Care Plan – Healthy Weight Continued

Intervention	Target	Expected Change	Evidence of Change	By Whom	By When	Recommendations
HW7. Pregnant women will receive information on appropriate pregnancy weight gain.	Pregnant Women	Pregnant women will assess their weight gain.	Weight gains/losses will be less extreme.	CNW or Nutritionist	Certification and Follow-ups	Documentation of Nutrition Education; Query of weights including pre-pregnancy, pregnancy and post-partum.
HW9. Women participants will receive information on their weight (weight chart).	Pregnant, Postpartum, Breastfeeding Women	Women participants will assess their current weight status.	Women will stabilize their current weight loss or gain.	CNW or Nutritionist	Certification and Follow-up	Documentation of Nutrition Education; Query of weight trends
HW10. Women will receive one custom nutrition education message.	Pregnant, Postpartum, Breastfeeding	Women will state one change they could make in their diet.	Care plan will reflect one nutrition goal that directly relates to a risk.	CNW or Nutritionist	Certification or Follow-up	Query of risk factors; Documentation of Nutrition Education